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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/541,325-Conf: #1139</td> </tr> <tr> <td>Filing Date</td> <td>November 2, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Li Mo</td> </tr> <tr> <td>Title</td> <td>METHOD FOR DISTRIBUTING DYNAMIC LINK BANDWIDTH</td> </tr> <tr> <td>Art Unit</td> <td>N/A</td> </tr> <tr> <td>Examiner Name</td> <td>Rette Yehdega</td> </tr> <tr> <td>Attorney Docket No.</td> <td>16663-00001-US</td> </tr> </table>	Application Number	10/541,325-Conf: #1139	Filing Date	November 2, 2005	First Named Inventor	Li Mo	Title	METHOD FOR DISTRIBUTING DYNAMIC LINK BANDWIDTH	Art Unit	N/A	Examiner Name	Rette Yehdega	Attorney Docket No.	16663-00001-US
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I hereby revoke all previous powers of attorney given in the above-identified application.															
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">23416</div>															
OR <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:															
Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number												
Please recognize or change the correspondence address for the above-identified application to:															
<input type="checkbox"/> The address associated with the above-mentioned Customer Number: OR <input type="checkbox"/> The address associated with Customer Number: <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 10px;"></div>															
OR															
<input type="checkbox"/> Firm or Individual Name															
Address															
City															
State		Zip													
Country		Telephone													
Email															
I am the: <input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/98) submitted herewith or filed on:															
SIGNATURE of Applicant or Assignee of Record															
Signature	Xianyan Zhou		Date												
Name	Xianyan Zhou		Telephone												
Title and Company	IP Manager of ZTE Corporation														
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.															
<input type="checkbox"/> Total of <u>1</u> forms are submitted.															